

FOR DEPARTMENT USE ONLY

LICENSE NUMBER:

STATE OF DELAWARE  
DEPARTMENT OF TRANSPORTATION  
MOTOR FUEL TAX ADMINISTRATION  
P. O. DRAWER E  
DOVER, DE 19903-1565

FOR DEPARTMENT USE ONLY

LICENSE FEE: \$10.00

YEAR ENDING:

APPLICATION FOR SPECIAL FUEL SUPPLIER LICENSE

Please check the appropriate box: ☐ New application ☐ Renewal application

PLEASE NOTE: ALL QUESTIONS MUST BE ANSWERED AND NECESSARY ADDITIONAL DOCUMENTATION ATTACHED TO PROCESS THIS LICENSE APPLICATION. PLEASE PRINT ALL ANSWERS CLEARLY.

1. Legal name of applicant:

2. Trade name, if different from legal name:

3. Primary physical business location address (Not P.O. Box):

Street:

City:

State:

Zip Code:

4. Mailing address (if different from business location):

Street or P. O. Box:

City:

State:

Zip Code:

5. Location of records (if different from business location):

Street:

City:

State:

Zip Code:

6. Federal employer identification number or individual proprietor's SSN:

7. Telephone number: -

Fax number: -

8. If we have questions regarding this application, who should we contact?

Name:

Telephone number:

-

9. Business type: (check one) Individual ☐ Corporation ☐ General Partnership ☐ Limited Partnership ☐  
Limited Liability Company ☐ S Corporation ☐

10. If the applicant business is incorporated under the laws of another state, please attach a certified copy of the certificate issued by the Delaware Secretary of State showing that the corporation is authorized to transact business in Delaware.

11. If individual, give proprietor name, address, & SSN. If partnership, give name, address, & SSN of each partner. If corporation, give names, titles, addresses, & SSN's of corporate officers (President, Vice President, Secretary, Treasurer)

Name/Title

Address

Social Security #

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

-  
-  
-  
-

12. Has the applicant ever applied for a Delaware Special Fuel Supplier license in the past?

Yes ☐

No ☐

If yes, please specify which calendar year: \_\_\_\_\_

13. Has the applicant's individual partners or corporate officers ever applied for a Delaware Special Fuel Supplier license in the past?

Yes ☐

No ☐

N/A ☐

If yes, under what name: \_\_\_\_\_

Please specify which calendar year: \_\_\_\_\_

14. Does the applicant operate only in Delaware?

Yes ☐

No ☐

Date business started in Delaware: \_\_\_\_\_

MONTH DAY YEAR

15. List below each bulk storage location where special fuel is maintained that is owned and/or leased by the applicant within Delaware. In addition, please check the box which applies to how the special fuel is used and/or sold for each tank.

| PHYSICAL LOCATION OF BULK STORAGE<br>(STREET ADDRESS, CITY) | FUEL<br>TYPE | TOTAL GALLON<br>CAPACITY | STORAGE TANK DISTRIBUTION |                          |
|---|--------------|--------------------------|---------------------------|--------------------------|
|   |              |                          | TAXABLE<br>USE/SALES      | NON TAXABLE<br>USE/SALES |
| _____   | _____        | _____                    | <input type="checkbox"/>  | <input type="checkbox"/> |
| _____   | _____        | _____                    | <input type="checkbox"/>  | <input type="checkbox"/> |
| _____   | _____        | _____                    | <input type="checkbox"/>  | <input type="checkbox"/> |
| _____   | _____        | _____                    | <input type="checkbox"/>  | <input type="checkbox"/> |
| _____   | _____        | _____                    | <input type="checkbox"/>  | <input type="checkbox"/> |
| _____   | _____        | _____                    | <input type="checkbox"/>  | <input type="checkbox"/> |
| _____   | _____        | _____                    | <input type="checkbox"/>  | <input type="checkbox"/> |
| _____   | _____        | _____                    | <input type="checkbox"/>  | <input type="checkbox"/> |
| _____   | _____        | _____                    | <input type="checkbox"/>  | <input type="checkbox"/> |
| _____   | _____        | _____                    | <input type="checkbox"/>  | <input type="checkbox"/> |
| _____   | _____        | _____                    | <input type="checkbox"/>  | <input type="checkbox"/> |
| _____   | _____        | _____                    | <input type="checkbox"/>  | <input type="checkbox"/> |

16. What type of fuel business does the applicant operate in Delaware? Check all that apply:

|   | CLEAR<br>DIESEL          | DYED<br>DIESEL           | CLEAR<br>KERO            | DYED<br>KERO             | JET<br>FUEL              | LP<br>GAS                | CN<br>GAS                | OTHER                    |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Refinery/Manufacturing                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Terminal rack sales                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tank wagon sales to residential & commercial accts. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Transport sales to residential & commercial accts.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Company owned retail service stations               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sales to commissioned/consignment retail stations   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exchange agreement transactions                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: _____  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

17. Will the applicant be importing special fuel into Delaware? Yes ☐ No ☐

If yes, will the applicant be hiring a common carrier to import the product? Yes ☐ No ☐

If yes, please list the name, federal identification number, and telephone number of the common carrier:

| <u>Carrier Name</u> | <u>FEI Number</u> | <u>Telephone Number</u>   |
|---------------------|-------------------|---|
| _____               | _____             | <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| _____               | _____             | <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| _____               | _____             | <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

18. List each state from which the applicant will import special fuel into Delaware, & the applicant's license number in that state:

| <u>State Name</u> | <u>License Number</u> |
|-------------------|-----------------------|
| _____             | _____                 |
| _____             | _____                 |
| _____             | _____                 |
| _____             | _____                 |
| _____             | _____                 |

19. List the states to which the applicant will export special fuel from Delaware supply points, & the applicant's license number in that state:

| <u>State Name</u> | <u>License Number</u> |
|-------------------|-----------------------|
| _____             | _____                 |
| _____             | _____                 |
| _____             | _____                 |
| _____             | _____                 |
| _____             | _____                 |

20. Provide the following information about suppliers & exchange partners, which affect Delaware, from whom the applicant purchases special fuel. Attach another page if more space is required:

| <u>Company Name</u> | <u>Shipping Point</u> | <u>Type of Fuel Purchased</u> | <u>Type of Relationship</u><br><u>Supplier</u> | <u>Exchange Partner</u>  |
|---------------------|-----------------------|-------------------------------|--|--------------------------|
| _____               | _____                 | _____                         | <input type="checkbox"/>                       | <input type="checkbox"/> |
| _____               | _____                 | _____                         | <input type="checkbox"/>                       | <input type="checkbox"/> |
| _____               | _____                 | _____                         | <input type="checkbox"/>                       | <input type="checkbox"/> |
| _____               | _____                 | _____                         | <input type="checkbox"/>                       | <input type="checkbox"/> |
| _____               | _____                 | _____                         | <input type="checkbox"/>                       | <input type="checkbox"/> |

21. Indicate the number of retail service stations operated by the applicant in Delaware \_\_\_\_\_

22. Estimate the number of retail service stations the applicant supplies in Delaware \_\_\_\_\_

23. Does the applicant transport special fuel for hire in Delaware? Yes ☐ No ☐

24. Please indicate the number of diesel powered off highway equipment the applicant operates in Delaware. \_\_\_\_\_

25. Estimate the number of gallons of taxable special fuel that will be sold or used by the applicant during **an average month:**

**Taxable  
Special Fuel**

Average Gallons Per Month - Sales \_\_\_\_\_

Average Gallons Per Month - Use \_\_\_\_\_

Average Total Gallons - Sales & Use \_\_\_\_\_

26. Please record the date that the applicant began using and/or selling taxable special fuel in Delaware: \_\_\_\_\_

27. Does this application involve a change in the company's legal name or federal identification number? Yes ☐ No ☐

If yes, list the previous name and number.

Company name \_\_\_\_\_

Federal employer identification number or social security number: \_\_\_\_\_

28. Does the application involve the takeover and continuation of another business? Yes ☐ No ☐

If yes, list the following:.

Company name \_\_\_\_\_

Federal employer identification number or social security number: \_\_\_\_\_

29. Have all persons responsible for reportable fuel activity read the Motor Fuel & Special Fuel Tax Act (Chap. 51, Title 30, DE. Code)? In addition, have all persons responsible for reportable fuel activity read the Delaware Policy Directive regarding the "Taxation of Low Sulfur Clear Diesel"? Do these persons understand these provisions? Yes ☐ No ☐

30. Have any individuals identified in Item 11 of this application ever been convicted of a felony? Yes ☐ No ☐

Please provide copies of the criminal history records that detail the nature of the felony and the current status of any related sentencing provision. Please note that a "Yes" response to this question will not necessarily disqualify the applicant.

Before signing, please read the following statement carefully: Any false or substantive omission of information may be cause for rejection of application, or revocation of license (if license approval has been granted).

I (we), certify under penalty provided by law, that the statements made and the information furnished in this application are true, correct, and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Authorized Name (Please Print)

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Authorized Individual Title

\_\_\_\_\_  
Date of Application